(d) The sampling techniques, the methodology of sample collection and data survey have not been shared with the Government, nor has the report been presented to the Government.

However, steps are already being taken by the Government in this regard. These are implementation of the Integrated Management of Neonatal and Childhood Illnesses (IMNCI) strategy, which adopts a holistic approach to the management of the commonest causes of neonatal and childhood mortality - sepsis, acute respiratory infections, diarrhoea, measles and malaria, all compounded by malnutrition. IMNCI shall be implemented throughout the country in a phased manner. In addition, thrust is being given to ensure, institutional deliveries and train health personnel on essential newborn care so that skilled attendance at birth is available and all newborns receive specialized care. Efforts to deliver new born care, both facility based as well as home based, are being made. Micronutrient supplementation with Vitamin A, Iron Folic Acid and Zinc, Infant and Young Child Nutrition are being stressed. Immunization is one of the major thrust areas of the ongoing Reproductive and Child Health Programme. The National Rural Health Mission, launched in April, 2005 for a period of 7 years (2005 to 2012) is an overarching initiative with a holistic approach which provides multiple strategic additionalities, like provision for health infrastructure up gradation and a health care worker for every 1000 population, among others and has envisaged reduction in Infant Mortality and Neonatal Mortality as one of the prime goals to be achieved.

Radiation from minerals at Kanyakumari beach

871. SHRIMATI JAYA BACHCHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that extreme parts of coastal areas of southern India, particularly the sea beaches of Kanyakumari have high levels of natural radiation that emanates from the minerals found on beaches;

(b) whether it is a fact that a new study has revealed that radiation figures in some places near Kanyakumari are 50 times more than the world average and this could be a cause for cancer; and

(c) if so, whether Government has taken any steps to address the problem and warn visitors to the area, and if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) The Ministry of Health and Family Welfare including Indian Council of Medical Research has neither conducted nor supported any study for the purpose.

Medical waste from hospitals in Delhi

872. SHRI D. RAJA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that most of the hospitals in Delhi are not dealing with their waste according to the set guidelines and a substantial part of medical waste are finding their way back into the market, without treatment;

(b) whether Government's attention has been drawn to study report by an NGO Vatavaran in this regard; and

(c) if so, the details and Government's reaction thereto?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) Health being a State subject, such information is not centrally maintained. The State Pollution Control Board in respect of States and Pollution Control Committee in respect of UTs are the prescribed authorities to implement and enforce Bio-Medical Waste (Management & Handling) Rules, 1998 and amendments thereof.

In so far as Central Government Hospitals namely Safdarjung Hospital, New Delhi, Dr. Ram Manohar Lohia Hospital, New Delhi and Lady Harding Medical College and Shrimati S.K. Hospital, New Delhi are concerned, the Bio-Medical Waste are disposed as per the Bio-Medical Waste (Management & Handling) Rule, 1998.

Deaths due to alcohol consumption

873. SHRIMATI MOHSINA KIDWAI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that a large number of people die/suffer from various ailments due to consumption of alcohol;

(b) if so, the details thereof and whether the consumption of alcohol is also increasing amongst youths and badly affect on their health;

(c) if so, whether Government propose to formulate any strategy to restrict the production and sale of alcohol and to create awareness amongst people not to use alcohol; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) The Government is cognizant of the fact that consumption of alcohol in excessive amounts can lead to social, economic and health related problems and death also in some cases. A study conducted by NIMHANS for WHO published in 2006 shows that nearly 30% of adult men and less than 5% of women consume alcohol giving a male to female ratio of 6: 1. Alcohol use is higher in poor communities. The average age of initiation has reduced from 26 years during the 80s to 20 years in recent years.

(c) and (d) The policy with regard to sale and distribution of alcohol is within the purview of the State Governments. Therefore, the efforts made to contain the damage done by alcoholism vary from State to State. Apart from this, clinical care, building awareness, counseling and rehabilitation is made available through de-addiction centres and counseling centres run/funded by the Government.

Failure of NRHM due to shortage of doctors

†874. SHRI PYARELAL KHANDELWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

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†Original notice of the question was received in Hindi.